FORM D

PROCESSED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number: 3235-0076 Expires: Estimated average burden hours per response. 16.00

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

SEC USE ONLY						
Prefix	Serial					
DATE	DATE RECEIVED					
1	1					

Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Hungry Machine, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 2601 P. St. NW, Washington, DC 20007 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Development of subscription-based web services and IT consulting.	elephone Number (Including Area Code) 202.441.3007 elephone Number (Including Area Code)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Scheck if this is an amendment and name has changed, and indicate change.) Hungry Machine, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 2601 P. St. NW, Washington, DC 20007 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Development of subscription-based web services and IT consulting.	elephone Number (Including Area Code) 202.441.3007
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Development of subscription-based web services and IT consulting.	·
	SEE Mail Processing Section
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	specify): plul H Tribble
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: O 7 O 7 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D	Washington, DC 111
GENERAL INSTRUCTIONS	
Federal: Who Musi File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sect 77d(6).	tion 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A not and Exchange Commission (SEC) on the earlier of the date it is received by the which it is due, on the date it was mailed by United States registered or certifi	otice is deemed filed with the U.S. Securities ed at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N].(
Copies Required: Five (5) copies of this notice must be filed with the SEC, on photocopies of the manually signed copy or bear typed or printed signatures.	pies not manually signed must be
Information Required: A new filing must contain all information requested. A 08054691 thereto, the information requested in Part C, and any material changes from the information previously supplied in not be filed with the SEC.	: issuer and offering, any changes rarts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales o ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securiare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The this notice and must be completed.	ties Administrator in each state where sales exemption, a fee in the proper amount shall
ATTENTION	·

filing of a federal notice.

					A. BASIC IDE	ENTII	FICATION DATA	'			
2. Enter the	information re	quest	ed for the fo	llowin	g:			·		•	
• Each	promoter of t	he iss	uer, if the is	suer h	as been organized w	ithin t	he past five years;				
• Each	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue										
• Each	executive off	icer ar	nd director o	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
• Each	general and r	nanagi	ing partner o	of parti	nership issuers.						
Check Box(es)	that Apply:		Promoter	¥	Beneficial Owner	V	Executive Officer		Director		General and/or Managing Partner
Full Name (Las		f indiv	vidual)		· · · · · · · · · · · · · · · · · · ·				•		
Business or Res	sidence Addre achine, inc.,	ss (1 2601	Number and P. St. NW, V	Street Vash i	, City, State, Zip Congton, DC 20007	ode)					,
Check Box(es)	that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las Aleksenko, Va	-	f indiv	vidual)		<u> </u>						, ,, ,
					, City, State, Zip Co gton, DC 20007	ode)					
Check Box(es)	that Apply:		Promoter	٧	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las Frederick, Ed	t name first, i ward	f indiv	vidual)								
		•			, City, State, Zip Congton, DC 20007	ode)					
Check Box(es)	that Apply:		Promoter	V	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Las Batalion, Aaro		findi	vidual)								
					t, City, State, Zip Co Ington, DC 20007	de)				-	
Check Box(es)	that Apply:		Promoter	V	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las Grotech Parti		findiv	vidual)						•		
Business or Res					t, City, State, Zip Co 22182	ode)		•		_	· · ·
Check Box(es)	that Apply:		Promoter	Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las Case Founda											,
					t, City, State, Zip Coton DC 20036	ode)					
Check Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las	t name first, i	f indi	vidual)		· · · · · · · · · · · · · · · · · · ·						
Business or Re	sidence Addre	ss (I	Number and	Street	, City, State, Zip Co	ode)					
			(Usc bla	nk she	et, or copy and use	additi	onal copies of this sh	ncet, a	as necessary	')	

	B. INFORMATION ABOUT OFFERING												
1. Has th	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No ☑				
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?									§ N/A				
										Yes	No		
3. Does t	Does the offering permit joint ownership of a single unit?									\Box			
commi If a per or state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)										
Business or	Residence	Address (N	lumber an	d Street, C	ity, State, Z	Lip Code)							
Name of A	inted D		_1										
Name of A	ssociated B	roker or De	aier										
States in W	hich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers							
(Check	c "All State	s" or check	individual	States)					•••••		All States		
AL	AK	AZ	AR	CA	CO	\overline{CT}	DE	DC	FL	GA	Ш	ID	
IL	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
MT	[NE]	[NV]	NH	NJ	[NM]	NY)	NC)	ND)	OH)	OK]	OR	PA	
RI	SC	SD	[TN]	TX	ŪT	[VT]	VΑ	WA	$\overline{\mathbf{w}}\overline{\mathbf{v}}$	WI	WY	PR	
Full Name	(Last name	first, if ind	ividual)										
Business o	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)							
Name of A	ssociated B	roker or De	aler										
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
(Check	c "All State	s" or check	individual	States)				***************************************			All States		
AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ÓН	OK	OR	PA	
RI	SC	SD	TN	TX	[UT]	VT	[ŸĀ]	WA	WV	<u>Wi</u>	<u>WY</u>	PR	
Full Name	(Last name	first, if ind	ividual)										
Business o	r Residence	Address (?	Number an	d Street, C	City, State, 2	Zip Code)		······································				·	
Name of A	ssociated B	roker or De	aler						· 				
			<u> </u>										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								States					
(Check "All States" or check individual States)									States				
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL			ID	
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI] OH]		OR	MO PA	
RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}$		\overline{WY}	PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<u>-0-</u>	\$ <u>-0-</u>
	Equity		\$ 4,125,000.64
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	-0-	so-
	Partnership Interests	-0-	so-
	Other (Specify)	<u>-0-</u>	s_ -0-
	Total		\$_4,125,000.64
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$_ 4,125,000.64
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	m	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		\$
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees		S_100,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		¢ 100.000

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
i.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of a proceeds to the issuer set forth in response to Part 6	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[\$. [] \$
	Purchase of real estate	[s
	Purchase, rental or leasing and installation of mach and equipment	iinery [\$. []\$
	Construction or leasing of plant buildings and facil	ities	¬ \$. 🗀 \$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	_ ¢	ш.
	Repayment of indebtedness	-	_	
	Working capital			
		-	 -	
	Other (specify):			. L] •
			\$. [] \$
	Column Totals	Γ	¬ \$	6,900,001.75
	Total Payments Listed (column totals added)			900,001.75
	· · · · · · · · · · · · · · · · · · ·	D. FEDERAL SIGNATURE		
igi	issuer has duly caused this notice to be signed by the usature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre	andersigned duly authorized person. If this notice ish to the U.S. Securities and Exchange Commis	sion, upon writte	
ssı	er (Print or Type)	Signature [I	Date	
	ngry Machine, Inc.	/ / / / / / / / / / / / / / / / / / /		2008
— Var	ne of Signer (Print or Type)	Title of Signer Frint or Type		
	O'Shaughnessy	President		

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intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)